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ABSTRACT

This bibliographical study summarizes and synthesizes the recent (post-1960) theoretical literature on the differential diagnosis and treatment of the male college under-achiever. The three major classifying schemata which appear independently in the literature, and the seven personality patterns they collectively propose, are described. These patterns are compared, contrasted, and differentiated on the basis of ego syntonia or dystonia. The antiachiever is eliminated due to his identity with the psychopathetic deviate. Discussed are issues and general considerations in the treatment of underachievers, as well as specific considerations for the treatment of each of the four patterns (non-achievement syndrome, psychopathic deviation, hypomania, and Wexler's underachiever) in which positive personality change is likely to result in academic improvement. The thesis is advanced that counseling strategies designed for and applied to selected homogeneous groups of underachievers offer the greatest promise of significant improvement. Modification of the institutional environment is suggested as another mode by which the counselor can assist impulsive (hypomanic and psychopathic) underachievers. (Author)

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THE MALE COLLEGE UNDERACHIEVER: DIFFERENTIAL PERSONALITY PATTERNS AND TREATMENT PROGRAMS

A Master's Paper

Presented to

the Faculty of the Department of Counselor Education

State University College at Oneonta

BEST COPY AVAILABLE

In Partial Fulfillment

of the Requirements for the Degree

Master of Science in Counseling

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by

Alice Linda Riger

December 1976

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Chapter 1

INTRODUCTION

This is a bibliographical study which will summarize and synthesize the recent (post-1960) theoretical literature on the differential diagnosis and treatment of the male college underachiever. After the introductory material, Chapter 2 will report, without analysis, the three major schemata for classifying underachievers which appear independently in the literature, and the seven personality patterns they collectively propose. These patterns are: developmental theory's (1) neurotic personality, (2) adolescent reaction syndrome, and (3) non-achievement syndrome; (4) psychopathic deviation and (5) hypomania, suggested by MMPI-based research; and (6) Wexler's underachiever and (7) antiachiever.

Chapter 3 will analyze these patterns, differentiating them on the basis of ego syntonia or dystonia, and eliminating the antiachiever due to his identity with the psychopathic deviate. Chapter 4 will present issues and general considerations in the treatment of underachievers, as well as specific considerations for the treatment of each of the four patterns (non-achievement syndrome, psychopathic deviation, hypomania, and Wexler's underachiever) having a favorable prognosis for academic improvement.

1

Conclusions will follow in Chapter 5.

STATEMENT OF THE PROBLEM

American higher education suspends more than three hundred fifty thousand students yearly due to poor academic performance (Austin, 1971, pp. 4-5). Since most of these students were admitted selectively, many of them may be classified as underachievers, or those whose actual performance is markedly inferior to their predicted performance. Their lack of achievement, sometimes a source of frustration and disappointment to themselves, represents also a serious loss of potential to society. It is a matter of concern to society and educators that the talents of youth be utilized (Brown, W. R., Jr., 1973, p. 1).

Facile explanations for underachievement were once offered. Reviewing past studies, Shaw and Brown (1957) noted that,

> ...On the college level, it seems to have been tacitly assumed that failure to adjust to college life, poor study habits, lack of awareness of his real level of ability on the part of the student, and other relatively superficial causes constitute the explanation for underachievement. (p. 195)

In the same article (p. 199), Shaw and Brown recognized that underachievement is not an easily modified surface phenomenon, but is rooted in the basic personality matrix of the individual. Indeed, underachievement has come to be known as "...one of the most intractable and perplexing problems in our modern educational system" (Gurman, 1969, p. 472).

Academic ability accounts for 35 to 45 percent of

the variation in scholastic performance (Brown, W. R., Jr., 1973, p. 37). Holland (1960) suggested that a large part of the unexplained variance is due to non-intellective factors such as personality patterns. Currently, it is widely accepted that personality mediates between ability and achievement (Barger & Hall, 1964, p. 343) and that personality variables therefore underlie underachievement. With these understandings, college counselors have increasingly been called upon to develop programs to remediate underachievement by altering the personality deficits associated with it. The present decline in enrollment in many institutions has made this mandate one of even higher priority. Depending upon the quality and admissions policies of the school, underachievement can represent a major or minor area of emphasis for the counseling staff.

Although part of the role of the counselor in an educational setting is to help students realize their potentialities in terms of academic progress and maximally utilize the learning environment (Drake, 1962, p. 164), ethical considerations have made some counselors reluctant to participate in mass treatment programs for underachievers. These counselors believe that students have no obligation to strive for maximum academic achievement (Kowitz, 1965, p. 464), that students referred by faculty and administrators have a poor prognosis for counseling success, and that the college's financial interests alone dictate their priority in treatment. Indeed, studies (Griffiths, 1945; Sundqvist,

1974) have shown that mental health has a low correlation with academic achievement, suggesting that those achieving above expectancy (overachievers) have simply chosen different neurotic patterns and may be equally in need of psychological help (Stagner, 1933, p. 654).

However, treatment programs for underachievers may be ethically justified on the grounds of the prevention of societal and personal losses, the impossibility of resultant involuntary emotional change, and the alleviation of the misery some underachievers suffer. If the counseling staff devotes similar energies to students with other types of symptomatology, it can hardly justify its neglect of the underachiever.

In this paper, it is presupposed that the counselor has accepted, as his primary goal with underachievers, the amelioration of their academic difficulties and their retention in college. While other worthwhile goals, such as a reduction in neuroticism, also exist, no attempt has been made to deal with them here.

PURPOSE OF THE STUDY

The purpose of this study is to present, analyze, and synthesize the personality patterns of underachievers appearing in the recent (post-1960) theoretical literature, to gain a unified view of the whole subject, and, where indicated, to suggest differential treatment plans for the patterns proposed. This paper is addressed to both coun-

selors and researchers. It will assist researchers as a bibliographical and summarizing study, and in pointing the directions for future research. It is designed also to help counselors charged with developing an institutional program answer their primary question, "How can I most effectively help underachievers to improve their academic performance?"

NEED FOR THE STUDY

The theoretical and experimental literature on underachievement is replete with contradictions; underachievers have variously been described as overtly hostile (McKenzie, 1964) and passive (Sutherland, 1965a), impulsive (Herridge, 1972) and indecisive (Brown, Abeles, & Iscoe, 1954) and socially extroverted (Owens & Johnson, 1949) and withdrawn or depressed (Taylor, 1964). Likewise, attempts at treatment have met with inconsistent results. Chestnut (1965), Gilbreath (1967), and Sheldon and Landsman (1950) reported positive results, while Goodstein and Crites (1961), Kaess and Long (1954), Klinglehofer (1954), and Patterson (1957) found their counseling efforts unsuccessful.

Roth, Mauksch, and Peiser (1967) made the following explanation:

> Thus, inconsistent results may be a function of the ineffectiveness of group therapy with underachievers or these results might be the spurious effect of the heterogeneity of psychodynamics of subjects, assumptions of the therapist regarding the dynamics of underachievement, and different therapeutic approaches. (p. 394)

In the past, many experimental studies failed to

place their treatment programs within a theoretical framework (Morgan, 1952, p. 292), leaving unspecified the kind of counseling used and the counselor's conceptualizations of the underachievers' dynamics. Moreover, many studies failed to recognize that students categorized as underachievers are a heterogeneous group with many different causal factors operating to produce underachievement (Drake, 1962, p. 164). With differential diagnosis, specific counseling approaches can be applied to appropriate homogeneous groups of underachievers (Roth et al., 1967, p. 397). The present study attempts to correct the aforementioned weaknesses of past studies and make the experimental literature more comprehensible by consistently specifying the theoretical framework, counseling techniques, and type of underachievers under discussion. This study is made necessary by the lack of other comprehensive studies introducing order into the morass of recent theoretical and experimental literature.

STRUCTURAL LIMITATIONS

The present study concentrates on the theoretical literature and is meant to be a comprehensive review of this literature only. This emphasis was selected due to the inconclusiveness of the experimental literature. Experimental studies are included only as supporting data. An exception has been made for research conducted with the MMPI, which is included because it contributes so much to an understanding of the subject and can be so easily translated into

theoretical terms.

Furthermore, no attempt has been made to provide a comprehensive survey of the literature antedating the late 1950's. The earlier literature, both theoretical and experimental, is of limited utility, because of the absence of "... objective attempts to isolate specific personal characteristics of students not living up to their academic potential..." (Shaw & Brown, 1957, p. 195). In the late 1950's and early 1960's, however, interest in underachievement was triggered by Sputnik (Kowitz, 1965, p. 464) and evidence of the correlation of psychodynamic patterns and underachievement (reported by Gebhart & Hoyt, 1958; Merrill & Murphy, 1959; Shaw & McCuen, 1960) accumulated. The study of underachievement shifted from a predictive model to a psychodynamic one aimed at prevention and remediation. This paper focuses on this portion of the literature.

In addition, the present study limits itself to male underachievement, which has been more thoroughly researched than female underachievement (Gurman, 1969, p. 467).

Finally, most of the data presented derive from studies dealing exclusively with college underachievement. Some theoreticians (Heilbrun & Waters, 1968; Teahan, 1965) hold that college underachievement is a different phenomenon from primary and secondary school underachievement, while others (Dowd, 1952; Shaw & Brown, 1957) argue that college underachievement is a continuation of pre-existing achievement patterns. The evidence presented in this paper heavily

supports the latter view. In deference to the opposing viewpoint, however, this report conservatively presents (1) general theoretical material on underachievement and (2) experimental data derived from studies of younger underachievers only when they seem directly applicable to the college underachiever.

Some studies in the literature deal with low achievers (usually defined as students whose grade-point averages place them in the lower fourth of their college class) without verifying the underachievement of these students. In the interests of comprehensiveness, such studies are included and identified as studies of low achievers.

DEFINITIONS OF TERMS

A low ability student is one whose scores on standard tests of academic aptitude place him in the bottom portion of his college class, when this class has been divided into high, average, and low ability levels.

High and average ability students are those whose scores on standard tests of academic aptitude place them in the upper and middle portions, respectively, of their college class, when this class has been divided into high, average, and low ability levels.

A bright student is one of high ability.

A low achiever is a student whose academic performance, as measured by his grade-point average, places him in the bottom portion of his college class, when this class has

been divided into high, average, and low achievement levels.

High and average achievers are students whose academic performance, as measured by their grade-point averages, places them in the upper and middle portions, respectively, of their college class, when this class has been divided into high, average, and low achievement levels.

High, average, and low achievement describe the academic performance of students classified as high, average, and low achievers, respectively, by the above definitions. Achievement may vary widely from ability.

An underachiever is a student whose academic achievement, as measured by his grade-point average, falls significantly below that which would be expected of him on the basis of his ability, as measured by standard tests of academic aptitude.

A normal (or average) achiever is a student whose academic achievement, as measured by his grade-point average, falls within the range which would be expected of him on the basis of his ability scores.

An overachiever is a student whose academic achievement, as measured by his grade-point average, falls significantly above that which would be expected of him on the basis of his ability scores.

Underachievement, normal (or average) achievement, and overachievement are the achievement behaviors demonstrated by students designated as underachievers, normal (or average) achievers, and overachievers, respectively, by the

above definitions. These achievement behaviors are determined entirely by a student's ability and achievement scores in relation to those of his college classmates.

A dropout is a student who, voluntarily or involuntarily, because of unsatisfactory academic performance or other reasons, withdraws from college prior to graduation.

A pattern or syndrome (these terms are synonymous) is a distinguishing configuration of personality dynamics. Seven patterns or syndromes commonly manifested by underachievers are described in this paper.

A pattern type is an aggregate of patterns grouped on the basis of some common characteristic. In this paper, the patterns are differentiated into two pattern types, reflecting ego syntonia and ego dystonia.

Ego-syntonic patterns are those in which the

> ...impulses, values, or behavior...are acceptable to or consonant with the aims of the ego, the portion of the personality which directs...actions and mediates between...inner needs and outer reality. (Goldenson, 1970, p. 380)

The behavior is consistent with the basic personality and consciously held ideals.

Ego-dystonic patterns are those containing "attitudes and actions that are repugnant to or at variance with the ego..." (Goldenson, 1970, p. 380). The behavior or desire may be consciously repugnant to the individual himself, or may manifest itself in neurotic symptoms, slips of the tongue, or dreams. The resistance of the total personality is aroused, and the individual is aware he is suf-

fering from a disorder (Eidelberg, 1968, p. 119).

Impulsives are individuals of the two ego-syntonic patterns, hypomania and psychopathy. They are prone to immediate action without reflection.

An individual's high point (code) or peak scale on the MMPI is the scale on which he has received his highest T score, indicating the greatest degree of maladjustment.

An individual's low point (code) on the MMPI is the scale on which he has received his lowest T score.

High scores on the MMPI are T scores of seventy or more (Lanyon, 1968, p. 4).

Low scores on the MMPI are T scores of forty or less (Lanyon, p. 4).

The Kraepelinian system of psychiatric nosology (classification) is the earliest such system, from which present-day psychiatric classifications have been derived. Concentrating on symptomatology, Kraepelin divided the psychoses into two major types: dementia praecox (schizophrenia) and manic-depressive psychosis (Goldenson, 1970, pp. 669-70).

Normals are individuals who are not hospitalized psychiatric patients.

Chapter 2

PRESENTATION OF THE RECENT THEORETICAL LITERATURE

Three distinct orientations to the description and classification of male college underachievers are represented by developmental theory, MMPI-based research, and Wexler's theory. Developmental theory classifies the personality patterns of college underachievers as neurotic personality, adolescent reaction syndrome, or non-achievement syndrome. MMPI-based research suggests that male college underachievers tend towards psychopathy and hypomania, and Wexler distinguishes between two categories he labels "underachievers" and "antiachievers."

DEVELOPMENTAL THEORY

Developmental (psychoanalytic) theory, advanced by Roth and Meyersburg (1963), has as its main concepts that (1) growth moves in steps (periodicity), (2) stages are experienced in a definite order, and (3) pathology represents fixation at a stage. The theory further states that there are three distinct pathologies which relate differentially to college underachievement. For each diagnostic group, underachievement has a different meaning in terms of personality organization, and therefore the relationship between personality change and academic improvement varies

(Mandel, Roth, & Berenbaum, 1968, pp. 500-1). (Thus, this theory explains the puzzling findings of Broedel, Ohlsen, Proff, & Southard, 1965, whose clients experienced personality change without concomitant changes in grades.) Treatment and the choice of treatment goals also differ among groups.

The three diagnostic categories are the neurotic personality, adolescent reaction syndrome, and non-achievement syndrome.

Neurotic Personality

As Freud postulated, neurosis represents fixation at the Oedipal stage, during which the ego develops out of attempts to deal with sexual and aggressive impulses. The impulse-driven child, if inappropriately curtailed, develops an overblown and punitive superego. When later beset by impulses which must be controlled due to superego demands, the neurotic is flooded with anxiety. He has a weak ego and, to keep his inner dynamics at equilibrium, maintains dependence on parental figures with gross, unsophisticated defenses.

The neurotic personality's lack of achievement is due to his overwhelming involvement in simply maintaining adequacy, leaving little energy to cope with academic problems. Underachievement is a by-product of his inner disequilibrium. Personality growth would be signaled by a decline in anxiety and depression, greater availability of impulses, questioning of superego constructs, development

of new ways of relating to parental figures, and the channeling of energy to meaningful experiences outside the family setting. Achievement issues are not the focus of development in this phase, and resolution of the neurotic conflict would not be expected to bring about a significant change in achievement. For this group, then, the prognosis for academic improvement as a result of personality change is poor (Mandel et al., 1968, pp. 501-2).

Adolescent Reaction Syndrome

The symptoms of the adolescent reaction syndrome are anxiety, depression, and social and behavioral manifestations of attempts to fulfill a sense of social adequacy. This college client needs to improve his self-awareness and has conflicting dependence-independence drives. He finds himself unable to move forward and make decisions or support them with energy. Since the self is integrated, ego and superego constructs are inappropriate in this stage, and real strength of personality is evident.

The adolescent reaction client, who is striving to demonstrate his competence, needs to move from parent-child relationships into adulthood, actualize his choices for independence, and assume responsibility for them. He needs acceptance as a person and support for the decision-making process. In his case, personality change would involve cognitive re-organization, which might or might not enhance the reasonableness of college achievement, the direction of choice being unpredictable. For these students as a group,

then, no significant relationship between personality change and achievement change can be anticipated (Mandel et al., pp. 501-2).

Non-Achievement Syndrome (NAS)

NAS is a behavior disorder involving fixation at pre-adolescent latency, a period in which self-concepts are integrated. This client chooses to do poorly because (1) he wishes to maintain dependence on his parents, with whom he is engaged in a fruitless struggle to receive adequate approval and love and (2) an early-instilled sense of inadequacy makes him despair of achieving successful adult functioning. Therefore, he seeks to maintain immature relations with his family, reject the approaching independence conflict, continue dependence, and avoid independent action and responsibility. To maintain his psychodynamic status quo, he retreats from the developmental issues of adolescence, striving to prevent the completion of college, the achievement of maturity, and the consequent demands that would have to be acknowledged (Mandel et al., p. 501). He avoids awareness of his choices for activity (or inactivity) and failure. He may choose to fail by limiting his over-all achievement and blocking out new experiences, or by achieving in alternative channels, avoiding work specifically related to accredited study (Roth & Meyersburg, 1963, p. 536).

Since the role of collegiate underachievement is crucial for NAS, a change in personality dynamics would be related to achievement change.

NAS clients' personality dynamics include many areas of maladjustment. In addition to poor academic achievement and immature relations with parents, NAS clients are characterized by vulnerability to disparagement by others, general self-depreciation, lack of conscious pleasure at "being," no clear system of personal goals or values, lack of insight about self and others, free-floating anxiety, and frequent depressions. They lack self-boundaries, introjecting all they experience without modification. Their inability to contain affect leads them to direct uncontrollable and impulsive hostile feelings inward.

In a destructive circular pattern, the experience of devaluation (to which they are acutely sensitive) leads to an increase in self-disparagement. The self-structure decompensates, creating distress and free-floating anxiety. Inability to cope with the distress creates further self-depreciation and anxiety. Guilt and depression bind the anxiety and the self-structure re-establishes its dynamic equilibrium. The cycle, then, is one of disparagement, anxiety, functional disability, frustration, and hopelessness. Contributing to the hopelessness is an incessant expectation of change in parental behavior which is not forthcoming. Consequently, these clients experience disappointment and an unsatisfied longing for approval. The dynamic picture is similar to that encountered in depressive disorders, and this syndrome might be considered a special case of depression (Roth & Meyersburg, pp. 538-9).

These clients may give up the attempt at mastery. The academic patterns they manifest reflect (1) ego restriction, in the form of minimal output ("I don't know" answers) and (2) extreme anxiety, evident in the tendency to make wild guesses (Sperry, Staver, Reiner, & Ulrich, 1965, pp. 344, 347).

The roots of this behavior extend deep into the NAS client's past. In early childhood, he probably had parents who ignored his successes and punished his failures, or who devalued him through inattention or rejection, leading him to create crises to gain attention (Roth & Meyersburg, 1963, p. 538). Gowan (1957) and Sperry et al. (1965), while not mentioning NAS, viewed the etiology of their clients' underachievement in terms congruent with NAS etiology. Gowan (p. 101) described his child client as not having passed successfully through Erikson's (1950) developmental stage, industry. Experiencing a sense of inadequacy and inferiority, the child despairs of his skills and status and his ego boundaries suffer. His too autocratic, dominant, or laissez-faire parents arrest his development. Sperry et al. (pp. 336, 338) noted that these parental behaviors encourage the child's retreat to a pre-genital dependent role and preclude his establishment of his own sexual identity.

The child resolves the Oedipal situation ineffectively with a partial masochistic surrender in the interests of securing dependent love, gaining security by failing. Although his parents seem to expect a great deal, they

unconsciously encourage his non-achievement, which fulfills repressed rebellious or anti-social desires of their own. Sensing this, the child attempts to satisfy parental expectations and adopts the role of the unsuccessful one (Roth & Meyersburg, p. 539). He learns to see himself as a failure in order to maintain his identification with his parents. Dependence and helplessness serve to elicit attention, while learning can lead to guilt and anxiety (Sperry et al., p. 329).

The child's behavior and experiences lead to self-denigration and anger at himself. His dependence forces him to repress and deny hostility towards his parents, who prohibit overt aggression. Likewise, he denies the possibility of being inadequately loved, although fear of the loss of love is his primary concern. Overtly, he is unaggressive, compliant, and helpless (Sperry et al., pp. 341-2, 347).

NAS clients also deny hostility towards those other authority figures, teachers.

Experimental Support for Developmental Theory

Early studies which failed to differentiate among kinds of underachievers often ascribed to them the same characteristics as does developmental theory, and, more particularly, NAS. Sutherland (1965b) found that aggressive feelings were a source of guilt and anxiety more frequently in underachievers than in the total population. Underachievers were unable to express negative feelings directly

(Sutherland, 1965a) and, as compared with achievers, had greater hostility (Kirk, 1952; Shaw & Brown, 1957) which they tended to direct inward (Roth & Puri, 1967). They had prominent dependency needs (Smith & Winterbottom, 1970; Taylor, 1964) and were inclined also to resent those to whom they were so attached (McKenzie, 1964). They disparaged themselves and had negative self-attitudes (Kirk, 1952; Mitchell, 1959; Sutherland, 1965a), expecting unrealistically high levels of performance of themselves (Berger, 1965), as their parents ostensibly did. Finally, they showed symptoms of depression, including indecisiveness (Brown, W., et al., 1954), restlessness, unhappiness, withdrawal and apathy (Taylor, 1964), feelings of powerlessness (Wade, 1970), and free-floating anxiety (Taylor, 1964). They attributed their difficulties to academic, rather than personal, factors (Smith & Winterbottom, 1970).

MMPI-BASED RESEARCH

Research using the Minnesota Multiphasic Personality Inventory views underachievement from the orientation of clinical psychology.

The MMPI Described

The MMPI is a structured, self-report personality inventory yielding a profile of scores for the objective, multiphasic assessment of personality. Nine clinical scales, a social introversion scale, and four validity scales are included. When Hathaway and McKinley began work on the test

in the late 1930's, they built these scales from the responses of psychiatric patients classified, in the then-current mode, on a modified Kraepelinian system. The items selected differentiated non-psychiatric subjects from psychiatric patients in a particular diagnostic category (Lanyon, 1968, p. 3).

Designed to aid in clinical diagnosis, the test has increasingly been used with non-psychiatric populations. High scores on a scale indicate maladjustment. Patterns are important in profile interpretation, as are peak scales, which reflect significant information even if the peak is not particularly high (Meehl, 1946, p. 518).

A description of the MMPI clinical scales appears in the appendix.

The Research Findings

A small part of the MMPI research has been devoted to devising and validating achievement and underachievement scales which discriminate between overachievers and underachievers (De Sena, 1964; McQuary & Truax, 1955) and between high and low achievers or dropouts (Felton, 1973; Hackett, 1960). Hackett (p. 216) noted that the achievement scale items, when marked to reflect low achievement, were similar to the responses of high scorers on the scales hypomania and psychopathic deviation. He characterized the underachiever, in accordance with these behavior patterns, as emotionally labile or concealing of emotion, impulsive, attracted to strength and power, exploitative of others' weaknesses,

respectful of social mores only when they serve his best interests, and lacking in warmth and acceptance of others.

Studies using the more common research methodology of discerning basic scale patterns characterizing groups of low and underachievers, as opposed to high, normal, or overachievers, confirm these findings, as documented below. Besides consistently high scores on the hypomania and psychopathic deviate scales, patterns of lesser note involve high schizophrenia and low paranoia, social introversion, and masculinity-femininity.

Specifically, male probationary students having average ability (and therefore labeled underachievers), compared with male non-probationary students of similar ability, scored significantly higher on the MMPI scales hypomania and psychopathic deviation (Brown, W. R., Jr., 1973). For high ability, underachieving male freshmen, scales 4 (psychopathic deviate) and 9 (hypomania) were also significantly associated with underachievement (Drake, 1962). The significance increased when individuals having 5 (masculinity-femininity) among their three highest scores were removed from the sample. The pattern "49 and not 5" differentiated underachievers, suggesting to Drake (p. 166) that underachieving men were defiant, hostile, argumentative, cocky, snobbish, aggressive, opinionated, and belligerent. Both 4 and 9 was a better predictor than 4 or 9, and intellectual ("feminine") interests, appearing as a high 5, suppressed the effects of the 49 pattern.

High ability, non-achieving (with a grade-point average of 2.2 or less on a 4.0 scale) male sophomores had one of their two highest points on the psychopathic deviate scale, and one of their two lowest points on the paranoia scale, significantly more often than their normally achieving male counterparts (Morgan, 1952). Normal achievers scored significantly higher on Morgan's special experimental scales reflecting an absence of psychopathic traits: self-discipline, resoluteness, dependability, sense of obligation, seriousness, insight, and realistic attitudes.

Male freshmen described by their counselors as lacking in academic motivation achieved significantly lower first semester grade-point averages and had a certain profile significantly more often than the total male freshman group (Drake & Oetting, 1957). This profile consisted of schizophrenia and hypomania among the three highest scales, social introversion among the two lowest, and the absence of masculinity-femininity among the three highest scales.

Studies of high and low achievers concur with these findings. Males in the bottom quarter of both the freshman and senior classes were significantly more maladjusted than top quarter males on the scales hypomania and psychopathic deviate (Yeomans & Lundin, 1957). Top quarter freshman males, compared with their bottom quarter counterparts, had a significantly higher mean on the scale masculinity-femininity. Barger and Hall (1964) found that male freshman and sophomore low achievers significantly less often had mascu-

linity-femininity as a high point and significantly more often had hypomania as a high point than their high achieving counterparts. The same relationships held for male dropouts and non-dropouts.

The Scales and Patterns Involved

The scale content of the psychopathic deviate scale reflects alienation from the family; difficulties with school and authorities; feelings of lack of love, appreciation, and understanding; admission of mistakes in living and personal limitations, including lack of perseverance; sensitivity to the opinions of others; poor morale; feelings of victimization, unhappiness, boredom, and regret; sex troubles; and social poise and confidence (Dahlstrom & Welsh, 1960, pp. 61-2). Peaks on this scale, as well as on the scales hypomania and possibly schizophrenia, are found among those with inadequate impulse control, including prisoners and delinquents (Lanyon, 1968, p. 8).

High scores in hypomania may facilitate the expression of behavior associated with the psychopathic deviate scale (Lanyon, 1968, p. 30). The hypomanic experiences milder degrees of the manic excitement occurring in manic-depressive psychosis. Moderate elevation of this scale, in normals, suggests ebullient enthusiasm, good-humored euphoria, social adeptness, ambition, vigor, energy, and occasional temper outbursts (Dahlstrom & Welsh, 1960, p. 74). Dahlstrom and Welsh further suggest that high hypomania scores in college students indicate emotional alienation,

rather than hypomanic symptoms. For underachievers, both interpretations seem plausible; underachievers with tendencies towards hypomania may be too energetic for, and alienated from, academic achievement.

Low social introversion scores are compatible with high hypomania scores.

Anderson (1956) found that low paranoia scores were associated with high hypomania scores, academic difficulty, conflict with parents, and repressed or denied hostility. Conversely, students scoring high on the paranoia scale tended towards academic leadership (Barger & Hall, 1964, p. 341).

Low masculinity-femininity scores in men indicate strong "masculine" interests, as opposed to the "feminine" interests and traits which are more compatible with academic achievement (see appendix).

The Difficulty in Interpreting the Research Findings

When the MMPI is used on a non-psychiatric population, difficulties in interpretation result. The manifest scale content is relatively unimportant, for the respondent may lie intentionally or unknowingly. The assumption that test responses are a true report of non-test behavior is untenable (McKenzie, 1964, p. 683). However, persons grouped on the basis of like profiles do possess important similarities in emotional structure and behavior.

The pattern 49 appears most frequently in the research on male college underachievement. One can most con-

servatively interpret these research findings as indicating that underachievers tend to say certain things about themselves that psychopaths and hypomanics do, are more like these groups than they are like other hospitalized psychiatric patients, and are significantly more like these groups than normal achievers are.

Moderate scale elevations in normals suggest milder degrees of the characteristics of the clinical syndrome involved (Lanyon, 1968, p. 8).

The Pattern of Psychopathic Deviation

Laying aside its extreme manifestations in delinquency, the pattern of psychopathic deviation rests upon affective poverty (Pennington, 1966, p. 411), superego pathology (Shapiro, 1965, p. 158), the experience of irresistible impulse (Fenichel, 1945, p. 324), and the absence of stable, long-range ideals and goals (Shapiro, 1965, p. 159). The psychopathic deviate acts reflexively, unaware of alternatives, and lacks the cognitive equipment for detached, actively searching, and self-critical attention. Accordingly, he lacks judgment and insight and fails to learn from experience. Although his long-range behavior is erratic, in the short range he is often competent, for his aim is quick, immediate gain (Shapiro, pp. 157, 161). He identifies with others only when necessary in order to manipulate them for his immediate gain; he usually displays a notable lack of empathy.

In the affective sphere, he is guiltless, shameless,

and callous (Pennington, 1966, p. 411). He is free from anxiety and conflict, displaying little neuroticism (Hathaway & Monachesi, 1963, p. 58). However, he shows marked anger, aggression, resentment, and hostility, which may result in temper tantrums. Cold, aloof, and solitary, he has unsatisfactory personal relationships and shows a shallowness of sexual and affectionate display. He is incapable of loyalty and social responsibility (Bosselman, 1956, p. 59).

The psychopath, asocial and amoral, disregards societal rules and patterns. Immature, irresponsible, and self-centered, he is weak in character integration. His behavior, a direct expression of primitive, unsocialized drives, is pleasurable and ego-syntonic (Bosselman, p. 156). He tends to justify it by rationalizing or projecting, assigning blame to others, society, or fate (Pennington, p. 411).

The root of the psychopath's rebelliousness, antagonism to authority, attention-seeking, and demandingness can be found in his early interactions with his parents, which are similar in many ways to the NAS client's. Although not totally rejecting, the psychopath's parents expressed affection rarely or inconsistently. Consequently, the child failed to obtain the sought-after reassurance at Erikson's (1950) crucial age of beginning trust. The parent, like the NAS parent, unconsciously condoned the child's early acting out and expected the child to disappoint him and act in an aberrant manner. But the parent reacted angrily to

the child's not living up to his high expectations, and his disproportionate reaction increased the child's fear and low self-esteem.

Neither the parent nor child could tolerate the unexpected. The child transgressed in order to elicit the predicted parental response, anger and punishment, which he found preferable to inattention. The child learned to gain pleasure from punishment, the gratification of his hypertrophied dependency needs outweighing the pain of punishment. Guilt sometimes caused the parent to reverse his hostility, thereby intensifying the child's dependency needs, which the parent never fulfilled. The pattern was also engrained by the parent's consistently rescuing his child from the consequences of his acts.

The child repressed his expectation of positive parental response, and, defensively, decided not to care. (This was a reaction formation.) He used his emotional energy, in the form of anger or anxiety, to repress conscious acceptance of parental precepts. In retaliation against their treatment of him, he tried to offend their values. He suppressed the functioning of his strong superego because this was the only way he could gain gratification. Now a young adult, he continues these patterns.

The strength of his identification with his dominant parent (usually his father) is shown by his rigid, authoritarian behavior if given responsibility over others in the hospital setting. He also supports parental values, although

he violates them willingly due to his superego pathology and his desire for retaliation (Donnelly, 1964, pp. 1150-3).

The client with tendencies toward psychopathy, then, like the NAS client, harbors hostility towards a parent on whom he is also dependent. Both parents have given their children inadequate and inconsistent love and approval.

The Hypomanic Pattern

The more extreme qualities of the hospitalized hypomanic, not to be ascribed to the underachiever, are press of thought, flight of ideas, clang associations, insomnia, grandiosity, and suspiciousness (Rapfogel & Armentrout, 1972, p. 526). Those with mild hypomanic tendencies seem to have a state of exhuberance and activity slightly more than normal. They tend to be enthusiastic, optimistic, expansive, and decisive. They engage in rapid, lengthy conversations and are easily distractible. Impulsive, exhibitionistic, bold, and unbound by custom, they have increased physical energy and sex drive. Their financial and sexual prudence may be impaired. They can accomplish a phenomenal amount of work, but are unable to persist at a single task for long, and their energy application is inefficient and uncontrolled. They may neglect their duties and responsibilities in order to keep moving and acting, responding more to moods than to the demands of reality (Strange, 1965, p. 463).

The hypomanic is fairly well in touch with reality and has ego energy available for social adaptation. Others see him as sensitive, sentimental, and affectionate

(Dahlstrom & Welsh, 1960, pp. 204-5).

This client fits the description of the high change- or sensation-seeker (Brown, Ruder, Ruder, & Young, 1974; Garlington & Shimota, 1964), defined as one for whom the optimal level of stimulus input is high. This person requires changes in his environment and is impulsive, spontaneous, assertive, and challenging. He prefers complexity and, in young adulthood, is undecided on a career, inclined to cut classes, and inconsistent in academic performance. He may pursue reading unrelated to his coursework while neglecting his assignments. He is a frequent traffic offender and enjoys gambling, alcohol and other drugs, and a liberal sex life. He is a drifter whose academic problems ensue from his inability to settle down and study.

Hypomania is thought to result from instinctual and acquired patterns of channeling psychic and biological energy (Shapiro, 1965).

Experimental Support for These Patterns

Many non-MMPI studies confirm that salient traits of underachievers coincide with those of the psychopathic deviate and the hypomanic. The underachiever, like both these groups, has been found to be impulsive (Herridge, 1972; McKenzie, 1964), pleasure-seeking (Middleton & Gutherie, 1959), and exhibitionistic (McClelland, 1969; Middleton & Gutherie, 1959). He has a high need for change (Gebhart & Hoyt, 1958), is constricted in temporal orientation (Barabasz, 1970), and enjoys dangerous activities, rather

than intellectual pursuits (McKenzie, 1964). He has inadequate ego and superego development (Gowan, 1957) and is less responsible than the achiever (Gerberich, 1941).

Like the psychopath, the underachiever manifests poor vocational adjustment (Brown, W. R., Jr., 1973; Dowd, 1952; Todd, Terrell, & Frank, 1965), with goals unclear, inadequate, or chosen by others. Dowd (1952) found him immature and lacking in insight and purpose. He views himself and the world unrealistically, denies feelings of inadequacy and uncertainty, and experiences concern about his identity (Herridge, 1972). Disavowing normal shortcomings, he externalizes blame and finds power and acceptance important (Middleton & Gutherie, 1959). He is hostile and has difficulties in social relationships (McKenzie, 1964). He represses emotion (Taylor, 1964).

Like the hypomanic, the underachiever has been found to have unrealistically optimistic expectations (Smith & Winterbottom, 1970) and aspirations (Bond, 1960; Herridge, 1972). He lacks personal efficiency (Bond, 1960). Social extroversion (Gebhart & Hoyt, 1958; Middleton & Gutherie, 1959; Owens & Johnson, 1949; Taylor, 1964) and too much time spent in extracurricular activities (Gerberich, 1941) may explain his academic difficulties.

WEXLER'S THEORY

Wexler distinguishes between types of underachievers on the basis of the kind of resistance and hostility they

manifest. The type he classifies as an "underachiever" (hereafter referred to as "underachiever-W" to distinguish his meaning from the general use of the term) shows a passive resistance to authority and learning, while the antiachiever openly rejects demands for academic success.

The Underachiever-W

The underachiever-W shows an unconscious hostility to parental pressure and striving for individuality. On the conscious level, he feels baffled and dismayed by the failure of his efforts to succeed, and anxiously hopes to overcome his poor performance, viewing himself as the unwilling victim of unconscious forces. He tries to satisfy parental ideals, but is thwarted by memory lapse, poor concentration, and fatigue.

The underachiever-W has a problem with the direct expression of anger towards authority. He represses his anger against his parents' partial delivery of love and support, fearing to rebel because of the possible loss of the remaining love. Poor academic work is the symptom of his silent, unconscious protest (Wexler, 1969, pp. 461-3).

The Antiachiever

In both the underachiever-W and the antiachiever, too early and too severe demands for performance and the postponement of play have led to resentment and resistance, although the underachiever-W received relatively more reward for his renunciations. The antiachiever was expected to

work zealously without any love or acceptance as a reward. Having never received payment, he has adopted a stance of "no pay, no work," seeing no reason to give up gratification for work. Instead of love, he received strong doses of criticism, threat, and mortification. He was pressured and simultaneously derogated. As work came to be associated with the promise of humiliation, inadequacy, and unreasonable demands, he withdrew from it.

The antiachiever, unlike the underachiever-W, does not appear to be unhappy, bewildered, struggling, or surrendering to fate. He is angry, defiant, and openly challenging and contemptuous of parental aims. His direct resentment takes the form of negativism, anger against everything, rejection of positive goals, truancy, arguing with teachers and administrators, and challenging intellectual ideals and aims (Wexler, pp. 461-4).

SUMMARY

Three theoretical orientations to the description and classification of male college underachievers are developmental theory, MMPI-based research, and Wexler's theory.

Developmental theory, proposed by Roth and Meyersburg (1963) and based in psychoanalytic thought, divides underachievers into three personality syndromes: neurotic personality, adolescent reaction syndrome, and non-achievement syndrome (NAS). In the neurotic personality, endowed with an overly strong superego, and the adolescent reaction

client, preoccupied with striving for social adequacy, no significant relationship between personality change and achievement change can be anticipated. For the NAS client, positive personality change would be related to improved achievement, for underachievement is crucial to NAS dynamics. The NAS client seeks to postpone maturity and prolong a hostile-dependent relationship with his parents, from whom he has not received adequate love and approval. He suffers from feelings of inadequacy, vulnerability to disparagement by others, poor ego boundaries, a tendency to direct hostility inwards, general self-depreciation, and cyclical anxiety, functional disability, and hopelessness. NAS is a special case of depression.

MMPI-based research suggests that male college underachievers have tendencies towards psychopathy and hypomania, as well as several secondary syndromes. The psychopath maintains a hostile-dependent relationship with his parents (like the NAS client), represses affect and superego functioning, acts impulsively, and lacks longe-range goals and values. He is incapable of strong emotional attachments, violates societal conventions, and shows hostility to authority figures. The hypomanic is energetic (but inefficient in energy expenditure), ebullient, enthusiastic, imprudent, and socially adept. He responds to moods rather than reality demands.

Wexler's "underachiever," designated "underachiever-W," shows passive resistance to authority and learning and repressed hostility to parents. Consciously trying, baffled

and frustrated by his lack of success, he suffers fatigue, memory lapse, and poor concentration. The antiachiever, on the contrary, is overtly hostile and shows no signs of unhappiness, struggle or surrender to fate.

Chapter 3

ANALYSIS AND SYNTHESIS OF THE LITERATURE

This chapter contains an analysis and synthesis of the seven personality patterns reported, essentially without interpretation, in the preceding chapter.

As Lacher (1971) notes, there is a common core of underachievement behavior and traits, independent of pathology. The behavior includes failure to meet schedules and deadlines, disorganization, passive or overt hostility towards requirements, and overuse of repressive or avoidant tactics in dealing with academic stress and conflicts. Underachievers of all types are further characterized by sensitivity to others' opinions of them, although those with psychopathic tendencies mask this sensitivity. (Hereafter, for convenience, unless otherwise specified, the terms "psychopath" or "psychopathic deviate" will refer to the underachiever with psychopathic tendencies; likewise, "hypomanic" will refer to the underachiever with hypomanic tendencies.) Heilbrun and Waters (1968) claim that the underachiever is reinforcement-sensitive and anticipates negative reinforcement; only the hypomanic appears to violate this rule. The hypomanic is also uniquely free from the dependence on parents which characterizes the other syndromes. Other common patterns are hostility (basic to all syndromes ex-

cept neurosis, adolescent reaction, and hypomania) and the inadequate love and support of overly demanding parents (suffered by all but the adolescent reaction and hypomanic underachievers).

The patterns may logically be classified on the following bases: the manner of handling anxiety, the direction of hostility, repressed versus overt hostility, passive versus active resistance, internal versus external orientation, and ego syntonia versus ego dystonia. The last has been chosen arbitrarily.

EGO-DYSTONIC PATTERNS

The ego-dystonic patterns (neurotic personality, adolescent reaction, NAS, and underachievement-W) involve considerable discomfort and functional disability, due to anxiety and, in the NAS client and underachiever-W, repressed hostility. In all four syndromes, frustration results, but only the frustration of the underachiever-W is directed at his academic problems. He alone is consciously struggling to do better and baffled by his difficulties. Scholastic performance is not central to the concerns of the neurotic and adolescent reaction underachievers, and the NAS client has ceased trying.

Besides functional disability, anxiety, and frustration, the developmental theory's three syndromes have in common dependence on parents, indecisiveness, a sense of inadequacy, and depression. (Depression has been found to

associate with both high achievement, Barger & Hall, 1964, p. 346, and low achievement. Inexplicably, it appears as a high code for underachievers in no MMPI research.)

In all the ego-dystonic patterns, underachievement is a result of problems with individuation and separation (Halpern, 1965, pp. 580-2). The NAS and underachieving-W clients, especially, establish themselves as separate individuals through not accomplishing. Their resistance to parental demandingness and inadequate approval is passive and unconscious. Their simultaneous dependence needs make them unprepared to recognize their rebellious anger or take responsibility for expressing it directly. The underachiever-W represses his hostility. The NAS client turns his towards himself, in the same way as he introjects others' opinions unquestioningly.

EGO-SYNTONIC PATTERNS

The ego-syntonic patterns are those of the hypomanic, psychopathic deviate, and antiachiever. (Although Wexler describes the etiology of his antiachiever in terms slightly different from psychopathic etiology, antiachievement and psychopathic deviation are essentially identical. Wexler himself, 1969, p. 466, places the antiachiever's behavior on a continuum between the underachiever-W's passive resistance to authority and learning and the delinquent's total, pervasive rebellion. Since the pattern we have been calling psychopathic deviation also approaches true psychopathy, no

further reference will be made to the antiachiever.)

The hypomanic and the psychopathic deviate have no sense of struggle, frustration, unhappiness, anxiety, or depression. Due to a defective superego, they are uninhibited and exhibitionistic, ignoring custom and social convention. They seek sensation, pleasure, and change in a world in which the immediate moment assumes supreme importance. Because they avoid long-range planning, they have difficulty choosing and preparing for a suitable career. Unlike those suffering from the ego-dystonic patterns, the psychopathic deviate and the hypomanic tend to externalize. Both externalize blame and responsibility for their actions. The hypomanic's emotionality, like the psychopath's hostility, is directed outward.

Shapiro (1965, p. 139) finds significant formal relationships between the two syndromes. These two instances of the "impulsive style" (Shapiro, p. 134) are characterized by their own style of cognition, type of subjective experience, style of motivation to action, and mode of action.

The impulsive's cognitive and subjective experience is marked by impressionistic, quickly and insufficiently organized mental concepts. Although impulsive action is the outcome of an integrative process, this process is different from and deficient to a normal person's (Shapiro, p. 143). With his passive and concrete cognition, the impulsive perceives only what strikes him, the "most obvious, immediately personally relevant qualities" (Shapiro, p. 151).

This egocentric cognition is incapable of sharply-focused, sustained attention. The impulsive avoids asking self-critical, evaluative questions, remaining oblivious to drawbacks and complications. Because he is unable to put pertinent information to use, due to lack of attention and organization, his judgment is deficient. His senses of objective, independent reality, permanence, and time, as well as his capacities for planning, logic (which stresses general, permanent significance), abstraction, generalization, and general reflectiveness are all impaired (Shapiro, pp. 149, 187).

Just as his cognitive response is immediate, so too is his affective experience and expression of impulse. He sees the world as discontinuous and inconstant, a series of opportunities, temptations, frustrations, sensuous experiences, and fragmented impressions. Such cognition and world view promote impulsive action; where there is no sense of logical proportion or future possibilities, restraint is meaningless. Thus, the impulsive's style of cognition serves his immediate impulse, rather than stabilizing it, as in non-impulsives (Shapiro, p. 154).

The impulsive lacks the pre-existing, stable context of long-range interests, personal values, goals, and emotional involvements which normally stabilize impulses and form an essential basis for deliberate activity. Therefore, he appears to lack will, which is dependent on these enduring factors. Because he has no aims or interests independent of or more important than the immediate frustration,

he has a low frustration and tension tolerance (Shapiro, p. 145).

Since the impulsive does not seek to integrate his whims into a fabric of stable interests and goals, he responds reflexively to external provocation or opportunity. Therefore, he has no clear or complete sense of motivation, intention, decision, or sustained wish. The normal experience of wanting is distorted and attenuated. The impulsive's impaired sense of deliberateness and intention promotes his speedy action, self-confidence, and freedom from anxiety and inhibition. It also contributes to his defensive disavowal of responsibility (Shapiro, pp. 141-2, 169).

Important differences exist between the two impulsive patterns, however. The hypomanic's emotional lability and his characteristic optimism, enthusiasm, and exhuberance contrast with the psychopath's repressed affect and outward apathy. The hypomanic's social and sexual abilities oppose the psychopathic deviate's difficulties in these areas. The hypomanic lacks hostility, while the psychopath's resentment and resistance are open. The hypomanic has good reality contact (although he may not act on his perceptions); the psychopathic deviate tends to be unrealistic. Finally, the hypomanic's abundant motor activity may cause others to see him as anxious (Dahlstrom & Welsh, 1960, p. 205), while anxiety is a trait successfully repressed by the psychopathic deviate.

COMPARISONS ACROSS PATTERN TYPES

Several fruitful comparisons may be made between specific ego-syntonic and ego-dystonic patterns.

Just as mania and depression are opposite sides of the same syndrome, hypomania and NAS (a depressive pattern) may similarly be considered opposites. The two patterns represent the extremes in activity level and mood. The hypomanic's high motor activity may be a release from anxiety or a defense against depression. Fenichel (1945, p. 410) claims that the manic's symptoms are a reaction formation serving to deny depression. If so, the hypomanic experiences the same anxiety and depression as the NAS client, but copes with them with less internal discomfort.

Likewise, by directing his hostility outward instead of inward, like the NAS client, the psychopathic deviate avoids the anxiety, guilt, and depression associated with the NAS. His masculinity and impulsiveness contrast with the passivity and femininity of the NAS client. The psychopath's strong action stands in opposition to the NAS client's unaggressive, indecisive, helpless stance.

Important similarities between NAS and psychopathic clients lie in their history of parent-child relationships; present immature, simultaneously hostile and dependent, relations with their parents; identity problems; lack of personally chosen goals and values and the resulting dependence on the standards of others and career problems; inner sen-

sitivity to depreciation; ego defect; lack of insight; avoidance of responsibility; lack of concern about academic difficulties; and apathetic mood. The last results from emotional repression in the psychopathic deviate, and depression in the NAS client.

The two impulsive patterns have in common with the other important ego-dystonic pattern, underachievement-W, the subjective experience of not choosing behavior, but of giving in to an irresistible force.However, the impulsive experiences no feeling of being an unwilling participant, because he is incapable of wanting to resist his own vague intentions. The underachiever-W, on the contrary, acts involuntarily against his conscious wishes and experiences frustration (Shapiro, 1965, p. 174).

SUMMARY

Common to all patterns are overuse of avoidant and repressive tactics in dealing with academic demands, and sensitivity to others' opinions. Most syndromes are also marked by anticipation of negative reinforcement, hostility, dependence on parents, and inadequate parental love and support.

The ego-dystonic patterns are neurotic personality, adolescent reaction, NAS, and underachievement-W. They involve anxiety, functional disability, frustration, and problems with individuation and separation. NAS and underachieving-W clients show passive, unconscious resistance to

parental demandingness and inadequate approval.

The ego-syntonic patterns are hypomania, psychopathy, and antiachievement. (Antiachievement and psychopathy are identical.) These patterns are characterized by lack of struggle and unhappiness, defective superego functioning, sensation-seeking, avoidance of long-range planning, and externalization. Instances of the "impulsive style," hypomania and psychopathy involve impressionistic cognition and affective experience, the absence of long-range interests and values, and an impaired sense of deliberateness and intention. The two syndromes contrast, however, in affective display, social and sexual abilities, degree of reality contact, and overt hostility and anxiety.

Several fruitful comparisons across pattern types can also be made.

Chapter 4

THE TREATMENT OF MALE COLLEGE UNDERACHIEVERS

In 1967, Roth et al. (p. 393) noted the dearth of literature regarding the successful treatment of underachievers; this scarcity persists and, indeed, is the reason for the present study. Inconclusive evidence on the effectiveness of individual counseling, group counseling, and group therapy has been recorded (Gurman, 1969, pp. 4644-5; Roth et al., p. 394). Some studies claim significant academic improvement as a result of encounter groups (Thommes, 1970), group therapy (Judge, 1969; Tenenbaum, 1970), or group counseling (Argue, 1969). Others (Semke, 1968; Stone, 1972; Trotter, 1971) refute these claims. These conflicting findings and the purely local applicability of some studies underscore the necessity for the counselor's having an accurate sense of the nature of the students at his own institution. Since institutions differ, many of the suggestions of this chapter will be general ones.

ISSUES IN TREATMENT

Two main issues in the treatment of academic underachievers are (1) the necessity for modifying the client's basic personality structure (which characterizes psychotherapy) and (2) the timing and conditions of treatment.

With regard to the first issue, many counseling centers are equipped to provide both counseling and therapy, and do not even distinguish between them (Clark, 1966, p. 820). The question of the depth of personality change required is a crucial issue to theoreticians, however. Tyler (1960, pp. 476-8) advocates "minimum change therapy," which involves a slight shift of direction which the client can continue to follow on his own. This program of structured counseling involves limitation of the subject matter to present, relevant areas, the discovery of constructive alternative behaviors, support, and emphasis on existing strengths. "Sector Counseling," proposed by Goldburgh and Penney (1965, pp. 556-7) similarly avoids general personality re-organization. This short-term, individual counseling focuses on the symptom and its causes, aiming at speedy rehabilitation to avoid academic dismissal. The deliberate establishment of a transference relationship is omitted as too deep and time-consuming. Drasgow (1957) similarly urges that the hostility against the frustrating parent need not be worked through, and that insight is unnecessary. He argues that "divorce from an alien curriculum" (p. 211) entails psychological separation from the parent.

However, failure of the short-term counseling attempts reported by Chestnut (1965), Goodstein (1967), and Whittaker (1967) seems to indicate that more sustained efforts are necessary. The positive results of Dickenson and Truax (1966) and Siegal (1965) suggest that counseling of

a year's duration is more effective. Since the psychological problems of most underachievers are enduring, efforts to correct them must be fairly intensive. Kirk (1952) and Halpern (1965) recommend therapy.

With regard to the timing and conditions of treatment, W. R. Brown, Jr. (1973, p. 69) urges that high-risk students be identified (by personality testing) at orientation and provided with counseling. On the other hand, Drasgow (1957) calls for treatment after failure has occurred and been experienced emotionally. Voluntary group counseling is not usually effective, as most underachievers, and particularly the impulsives, are reluctant to seek help. Therefore, Roth et al. (1967, pp. 393-4) recommend required counseling, after initial failure has occurred, as a condition for remaining in college. For those who have not yet sought help for underachievement or related psychological problems on their own, this seems a workable solution.

This writer recommends counseling in homogeneous groups for about a year's duration for both self-referred underachievers and those who, having attained failing averages after their first semester or year, are required to undergo counseling as a condition for retention.

GENERAL CONSIDERATIONS IN TREATMENT

If the foremost goal of the treatment program is to improve academic achievement, clients whose underachievement is due to a neurotic personality or adolescent reaction

should be excluded, as their prognosis for such improvement is poor. They may be offered treatment under different programs or on an individual basis.

Clients with the remaining four syndromes (N-S, underachievement-W, psychopathic deviation, and hypomania) share, fortunately, a sensitivity to reinforcement. In treating them, the counselor needs to reward achievement, good work habits, and acceptance of requirements. Clients with these four patterns also have a need to develop an internal locus of control and a personal value system. They tend to depend for guidance on the standards of others. Studies (Duke & Nowicki, 1974; Foster & Gade, 1973; Hjelle, 1970) show that students with an internal locus of control achieve at higher levels than those externally controlled.

Counselors need to help these clients recognize the possibilities open to them for a change in their academic situation. An early goal should be to help the client decide whether or not he wants to be a successful student. If so, the counselor can ally himself with that portion of the student's ego that wants to succeed. The counselor's attitude should be that academic success is important for some people and not for others; the individual himself must decide. If the client makes a positive decision, the counselor can encourage him to study for his own sake, rather than for the counselor's benefit. With the counselor's help, he realizes the self-defeating nature of his actions, breaks his destructive patterns, and capitalizes on his strengths.

The counselor may need to help him find successful study habits and, if necessary, change programs or schools (Goldburgh & Penney, 1965, pp. 558-63).

The NAS, underachieving-W, and psychopathic clients have certain common problems which will respond to similar counseling interventions. They need to be helped to become more aware of their feelings and to work through their hostility towards parents and teachers. The counselor can assist by responding to their expressions of anger and hurt on an emotional level. Unconditional positive regard is especially important to these clients, to counteract their parents' inconsistent approval. They need to be expected to perform well. (Meichenbaum & Smart, 1971, showed that direct statements of positive expectation significantly improved academic success.) However, they must be free of the pressure and unrealistically high expectations their parents inflicted upon them.

They need to be encouraged to gratify their desire for attention by finding positive recognition. The counselor can provide a significant relationship of consistent approval and encouragement, particularly for achievement-oriented behavior, and then equip them to seek and find other relationships providing desirable reinforcement contingencies. As their need for belongingness and love becomes less dominant, they will be freer to satisfy their intellectual needs (Roe, 1957, p. 213). Their dependence on their parents will decline as they transfer their emotional invest-

ment to more productive relationships.

Finally, they will need help with identity achievement. (The hypomanic may similarly experience identity problems, due to his lack of long-range values, tendency to perceive in fleeting, discrete segments, and poor capacity for reflectiveness.) Their fathers may have provided poor male role models (Sperry et al., 1965, pp. 336-7), making more difficult this developmental task of adolescence. Cross and Allen (1970, p. 288) found that college students who have achieved a strong sense of identity perform better in college, find work more meaningful, and are more task-oriented.

In working with NAS and underachieving-W clients, the counselor will face the special problem of reducing their anxiety enough so they can relax their defenses and consider new possibilities (Tyler, 1960, p. 477).

TREATMENT OF THE NAS CLIENT

The distinctive problems of the NAS client are his helpless stance, adoption of the role of "the unsuccessful one," poor ego boundaries, compulsive self-depreciation, and depression. His foremost need is for a greater sense of adequacy, reducing his self-hatred and the resulting anxiety, depression, and functional disability. As his sense of inadequacy decreases, he will re-claim the right to succeed and exert new efforts at academic achievement and competent, independent behavior.

The NAS client should be encouraged to express his

hostility rather than turn it inward; with unconditional positive regard, the counselor can communicate the acceptability of aggressive feelings, even when directed at him. In the later stages of treatment, the client's hostility will diminish.

The client needs also to recognize that what he wants from his parents is not available, give up his expectation of parental change, and cease his childish attempts at manipulation. He can be helped to reduce his dependence and seek other relationships which can gratify his needs. As he separates from his parents, he will need to assume independence and responsibility, develop a stronger sense of self and a set of personal values, and re-examine his career goals. The counselor can help him with these tasks, as well as with constructing firm ego boundaries, which will enable him to realistically evaluate criticism. As his competence increases, criticism will decrease, hastening the elimination of his tendency towards self-depreciation. The termination of his passive surrender to his parents will have the same effect.

Roth and Meyersburg (1963) delineate a program of "NAS therapy." The intervention first eliminates the defense of poor study habits, so more substantive issues can be handled. In the first five through eight sessions, the clients' poor study habits are exposed as failure-insuring, and the counselor suggests that this failure is intentional, although not necessarily conscious. Using the client's com-

plaints from other areas of life, which he has been asked to furnish, the counselor points out parallel self-defeating behavior. The effect of self-disparagement, in particular, on the client's mood, studies, and interpersonal relationships, is explored.

Concurrently, dealing with each student successively in an authoritarian manner, the counselor prescribes behavioral solutions to study problems. The clients report in the following session on their success with the behavioral prescriptions.

After achievement problems have been eliminated, the counselor switches to the supportive, permissive, client-centered mode. He interprets the dynamics of group interaction and reflects the issues around which the group is organized. Content tends to follow a predictable pattern: recognition of one's own defensiveness, parental demands, relationship with parents, decision to make choices independent of external demands, and, finally, a re-examination of vocational goals (Roth et al., 1967, pp. 393-6; Roth & Meyersburg, 1963, pp. 536-7).

The present writer endorses this treatment plan, with one possible amendment: when switching from the authoritarian to the client-centered mode, it may be wise also to change counselors, so clients' expectations of continued directive counseling are reduced.

TREATMENT OF WEXLER'S UNDERACHIEVER

Many of the remarks already made apply equally well to the underachiever-W. Goals in his treatment are: recognition and discharge of his repressed hostility towards his parents, which will be followed by a decline in hostility; acceptance of the unchanging insufficiency of parental love; formation of new relationships providing consistent approval; establishment of a firmer sense of oneself as a separate individual; and greater independence from parents.

TREATMENT OF THE PSYCHOPATHIC DEVIATE

The true psychopath is highly resistant to therapy (Pennington, 1966, p. 426). Because he is hard to help by the use of interpersonal relationships or appeals to cultural values and loyalties, he has a poor prognosis for improvement. Punishment, which may anger him or give him permission to repeat his behavior, is ineffectual. So, too, is reasoning, because of his deficiency in cognitive integration. His short-range orientation and stubbornly-persistent impulsive behavior also make him difficult to treat. Since he is likely to assume an attractive personality and promise improvement, the counselor is likely to use a treatment approach ineffective with him.

In counseling, his suspicion, indifference, and hostility make it difficult to achieve rapport and a mutual approach to his problems (Bosselman, 1956, p. 62). He tends to intellectualize, repeat problems stereotypically, change

the subject, attend irregularly, and terminate early (Dahlstrom & Welsh, 1960, pp. 189, 205).

Underachievers with tendencies towards psychopathic deviation are often treatable; the less their symptomatology, the greater their responsiveness. Some writers have made viable suggestions for treatment. Wexler (1969) notes the necessity for modifying the psychopathic deviate's view of authority as demanding and ungiving. Because pressure for healthy performance would unwittingly increase the client's negativism to achievement, the counselor must control his own achievement needs. His initial approach should focus on creating a warm, positive relationship with the client, rather than addressing his academic difficulties. The goal is for the counselor's acceptance and warmth to be associated with achievement; he must become identified with potential pleasure, reward, and love. As the counselor joins his client as far as possible at his own level of interests and concerns, the personal distance which the psychopath feels toward authority decreases.

As social distance and demandingness disappear in the relationship, trust and identification increase. The prestige of the client's identification with his counselor becomes great, and conflict-free achievement may be attained. The psychopathic deviate, heeding his persistent achievement promptings, becomes willing to risk commitment to achievement. It no longer implies surrender or blind obedience to authority, but simple, developmental expression of his own

growth (Wexler, 1969, pp. 464-6).

Pennington (1966, p. 427) recommends that the counselor work in the present, use novelty and uncertainty frequently to capture his client's attention, refuse to deliver expected rejections, engage in reality-oriented verbal exchanges, and provide love and support.

Numerous goals are appropriate for this counseling relationship. The psychopathic deviate needs to become more responsible and mature, and less hostile towards and dependent on his parents. As Wexler correctly notes, he needs to learn that work is not necessarily accompanied by criticism, threat, and humiliation. He needs to develop greater impulse control (as discussed in the next section), capacity for sustained attention, and reality orientation.

Another important goal with this client is the creation of a value system. He should make identity-related decisions about his future and his beliefs until he develops reasonably permanent values. As his long-range goals become more important than his immediate frustrations, he will build tolerance for tension and frustration (Cross & Allen, 1970, p. 288). Too, he needs to shift control to his superego, lifting the repression from it so it becomes a functioning element of his personality (Bosselman, 1956, p. 62).

The counselor can help by encouraging him to stop vainly trying to punish his parents; "paying" him for working with increased approval, while ignoring his failures; refraining from rescuing him from the consequences of his be-

havior; and breaking his negative associations with authority and work. He can also help by urging modification of the institutional environment. The environment should be studied to determine the extent to which it contributes to the failure of psychopaths, and modified, if possible. Psychopathic deviates need a diverse array of activities, to prevent boredom, and more stimulating classwork (Barger & Hall, 1964, p. 345). More action-oriented assignments are appropriate for them. Variation in teaching methods and different modes, such as audio-visual instruction, will improve their attentiveness.

TREATMENT OF THE HYPOMANIC

The academic problems of the hypomanic result from hyperactivity and inability to settle down and study; inadequate superego; limited temporal orientation; cognitive deficiencies, including easy distractibility; and overoptimism concerning grades. He is difficult to treat because the patterns of energy discharge and cognitive and affective functioning resist modification. However, when his symptoms are controlled, he can be successful, because he has the energy for accomplishment (Hathaway & Monachesi, 1963, p. 64).

Counseling goals with the hypomanic are to temper his overoptimism with a firm sense of reality; have him assume responsibility for his behavior; reduce his emotional alienation; extend his temporal orientation; reduce his distractibility; and improve his capacity for prolonged effort and

impulse control. With regard to the final goal, Shapiro (1965, pp. 186-9) states that diffuse, uncontrolled tension can be converted to directed, expectant activity, or intention. Anticipation, expectation, and directedness make possible the restraint, postponement, and control of tension discharge. (It is therefore essential that the hypomanic develop a future orientation and an ability to realistically predict future events.) The hypomanic can also learn to sublimate his impulses through thought and fantasy. With an increased capacity for self-control, he will develop greater senses of intention and responsibility.

While this control is developing, the counselor can encourage him to channel sufficient energy into productive study habits (Barger & Hall, 1964, p. 345) and assist in his formation of a value system. As with the psychopath, the counselor may be able to bring about environmental modification providing increased (1) stimulation and (2) reward for short-range activity.

SUMMARY

Two main issues in the treatment of college underachievers are the depth of personality change required and the timing and conditions of treatment. In response to these issues, the writer recommends counseling in homogeneous groups for about a year for both voluntary clients and those required to attend as a condition for retention. In-depth personality change appears necessary.

In treatment programs for underachievers, counselors should carefully adapt to local conditions and should exclude neurotic personality and adolescent reaction clients, whose prognosis for academic improvement is poor. Clients with the four remaining syndromes (NAS, underachievement-W, psychopathic deviation, and hypomania) share needs for positive reinforcement, identity achievement, an internal locus of control, and recognition of the self-defeating nature of their behavior and the possibility of academic improvement. Clients must decide themselves whether they want to change. NAS, underachieving-W, and psychopathic clients need to become more aware of their feelings, work through their hostility, and find relationships providing consistent approval and encouragement.

NAS clients can be helped by means of "NAS therapy," which eliminates the defense of poor study habits with initial behavioristic, authoritarian sessions and moves to client-centered sessions for the major part of treatment.

The underachiever-W can be helped by a variety of methods to establish a firmer sense of identity, recognize and discharge repressed hostility, abandon expectations of parental change, and establish productive relationships outside the family circle.

The psychopath, through a warm, positive relationship with his counselor, can modify his negative associations with work and authority. The counselor can help by encouraging him to stop vainly trying to punish his parents, rewarding

him for work with increased approval, ignoring his failures, refraining from rescuing him from the consequences of his behavior, and urging modification of the institutional environment. Such modification will also benefit the hypomanic.

In counseling, the hypomanic can be encouraged to temper his overoptimism, assume responsibility for his behavior, channel sufficient energy into academics, and improve his impulse control through sublimation, extension of his temporal orientation, and the creation of a personal value system.

Chapter 5

CONCLUSIONS

This chapter is devoted to a summary of the study, recommendations to counselors, limitations of the research, and its implications for further research.

SUMMARY

This was a bibliographical, summarizing study which presented, analyzed, and synthesized the personality patterns of male college underachievers appearing in the recent (post-1960) theoretical literature and offered considerations for the treatment of each type. This study was made necessary by the contradictions appearing in the theoretical and experimental literature and the weaknesses of many studies, primary among which was the failure to differentiate among the various types of underachievers. When it was recognized that underachievers could be differentially diagnosed, and that the personality traits of one group might be diametrically opposed to those of another, the experimental literature's inconsistent findings became more comprehensible.

The three major schemata by which underachievers were classified in the recent theoretical literature were developmental theory, MMPI diagnostic classifications, and Wexler's theory. Collectively, these three schemata proposed seven

personality patterns for underachievers.

Developmental theory, proposed by Roth and Meyersburg (1963), was based in psychoanalytic theory. Clients with its three syndromes suffered from anxiety, depression, and functional disability. The neurotic personality, endowed with an overly strong superego, suffered crippling anxiety when beset by impulses from the id. The adolescent reaction client, whose main concern was proving adequacy, was unable to move forward and act on his decisions. Even if counseling resulted in remediation of these clients' personality problems, significant academic improvement could not be expected, for academic issues were not the focus of development in these stages.

In the third pattern, the non-achievement syndrome (NAS), improvement in academic performance would accompany positive personality change, however, as underachievement was crucial to NAS psychodynamics. The NAS client chose to do poorly to continue dependence on his parents, with whom he was engaged in a fruitless struggle to receive adequate love and approval, and because a deep-seated sense of inadequacy made him despair of achieving successful adult functioning. Overtly, he was unaggressive, compliant, and helpless. He suffered from vulnerability to disparagement, self-depreciation, a lack of personally-chosen values, immature relations with his parents, poor ego boundaries, and tendencies to introject, direct hostility inwards, and cease trying. His syndrome, involving cyclical disparagement,

anxiety, functional disability, frustration, and hopelessness, was seen as a special case of depression.

MMPI-based research suggested that male college underachievers suffered from milder forms of the symptomatology associated with psychopathic deviation and hypomania, as well as with several secondary syndromes. The psychopath, like the NAS client, was simultaneously hostile towards and dependent on his parents. He repressed affect and superego functioning, acted impulsively, showed overt hostility to parents and other authority figures, and lacked long-range ideals and goals. He disregarded societal conventions and was incapable of strong emotional attachments.

The hypomanic pattern was one of ebullience, enthusiasm, social adeptness, ambition, vigor, energy, impaired prudence, inefficient energy application, and response to moods, rather than to the demands of reality. The condition resulted from patterns of channeling energy which were innate or learned in infancy.

Wexler (1969) distinguished two groups of underachievers on the basis of the nature of their hostility and resistance. His "underachiever," designated "underachiever-W," showed passive resistance to authority and learning and repressed hostility to parents. Consciously trying, baffled and frustrated by his lack of success, he suffered fatigue, memory lapse, and poor concentration. The antiachiever, on the contrary, was overtly hostile and showed no signs of unhappiness, struggle, or surrender to fate. Since the anti-

achiever and the underachiever with psychopathic tendencies (hereafter called the psychopath or psychopathic deviate) were shown to have the same personality pattern, the anti-achiever was eliminated from discussion, leaving six remaining patterns.

All six types of underachievers shared a sensitivity to reinforcement, and hostility and the inadequate love and approval of overly demanding parents were common elements of several of the patterns. The underachiever with hypomanic tendencies (hereafter called the hypomanic) distinguished himself by his unique lack of hostility and dependence on parents.

The patterns were grouped into two pattern types, ego-syntonic and ego-dystonic. The ego-dystonic patterns, neurotic personality, adolescent reaction, NAS, and underachievement-W, involved functional disability, frustration, anxiety, and problems with individuation and separation. The NAS client, who turned his hostility against himself, and the underachiever-W, who repressed his, used non-accomplishment as a means of becoming separate individuals.

Clients with the ego-syntonic, or impulsive, patterns experienced no struggle, frustration, anxiety, or depression. The hypomanics and psychopaths were high change- and sensation-seekers who tended to externalize. They lacked a pre-existing, stable context of beliefs and goals, and had a short temporal orientation, low frustration tolerance, deficiency in cognitive and affective integration, and impaired

sense of deliberateness and intention. The two patterns contrasted, however, in affective display, social and sexual abilities, degree of reality contact, and overt hostility and anxiety.

With regard to the treatment of male college underachievers, two main issues were the necessity for change in the client's basic personality structure and the timing and conditions for treatment. In response to these issues, the writer recommended counseling in homogeneous groups for about a year for both voluntary clients and those required to attend as a condition for retention. This treatment length would permit some in-depth personality change, which the literature indicated as necessary.

The treatment program goal, the amelioration of the students' academic difficulties and their retention in college, dictated the exclusion of neurotic personality and adolescent reaction clients, as their prognosis for academic improvement was poor. Four patterns remained: NAS, underachievement-W, psychopathic deviation, and hypomania.

General considerations in the treatment of these four patterns were the clients' needs to receive reward and to develop an internal locus of control, value system, and secure identity. They needed to be helped to recognize the possibilities for change, deciding on their own if they wished to do so. The NAS client, underachiever-W, and psychopath needed to work through their hostility, become more aware of feelings and less dependent on their parents, and

find attention through positive recognition. They especially needed unconditional positive regard, freedom from pressure and unrealistically high expectations, and a significant relationship providing consistent approval and encouragement. The counselor could himself provide such a relationship, and then equip the clients to seek similar ones with others.

"NAS therapy" was developed for the treatment of NAS clients. It eliminated the defense of poor study habits with initial behavioristic, authoritarian sessions, moving to client-centered sessions for the major part of treatment.

The underachiever-W could be helped by a variety of methods to recognize and discharge repressed hostility, abandon expectations of parental change, and establish productive relationships outside his family circle.

The psychopath most needed to establish positive associations with work. Wexler (1969) suggested that, towards this end, the counselor create a warm, accepting, pressure-free relationship with him. The distance he felt towards authority would decrease as the counselor joined him at his own level, and he would give up his view of authority as demanding and ungiving. The psychopath would identify with the counselor and his growth potential would be released, for achievement no longer would involve submission to a hostile force. The counselor could also help the psychopath develop a value system, which would reduce his impulsiveness, and press for appropriate changes in the institutional environment to improve the performance of both types of impulsive

underachievers.

In counseling, the hypomanic could be encouraged to channel sufficient energy into academics and learn to improve his impulse control through sublimation, extension of his temporal orientation, and creation of a personal value system.

RECOMMENDATIONS

The following recommendations emerge from this study:

1. Treatment should be adapted to the individual or group involved, which may vary from the general descriptions given here. Particular caution should be exercised when applying generalizations to individuals; the generalizations should be used merely to formulate hypotheses (Drake, 1956, p. 88). Counselors need to adapt treatment programs to the general nature of their institution and the types of students it attracts.

2. Those underachievers likely to derive the most benefit from treatment should receive priority attention. (Kornrich, 1965, p. xii, urges that counselors choose clients with moderate, rather than severe, emotional difficulties.) This principle dictates that underachievers-W, whose consciously-experienced frustration best motivates them for change, receive first priority in treatment, followed in order by NAS clients and impulsives. The ego-syntonic nature of the impulsive syndromes makes them resistant to change.

3. In institutions where underachievement is a significant problem, counselors should work for institutional

change. The students must be matched to the institution (Brown, W. R., Jr., 1973, p. 12). This may be achieved by modifying the institution's academic or extracurricular policies (thus changing the institution) or its admissions policy (thus changing the students). If low ability students are to be admitted, the admissions staff should select those with the personality traits of overachievers. These serious, responsible, introverted students are more likely to exceed expectation than other low ability students (McQuary & Truax, 1955, p. 398), whose underachievement may place them in academic jeopardy. A liaison between the Admissions Office and the Counseling Center should be maintained.

LIMITATIONS OF THE RESEARCH

This paper was necessarily limited by the state of the existing research on underachievement. As stated at the outset of this paper, many treatment studies are impaired by their failure to group underachievers homogeneously or to specify the counselor's theoretical framework or conceptualizations of the underachievers' dynamics. Some studies suffer from faulty research designs and inappropriate statistical techniques (Thorndike, 1963). Finally, comparisons between valid studies are made difficult by differences in design and in the criteria used to define underachievement.

IMPLICATIONS FOR FURTHER RESEARCH

Further experimental research, more rigorous and

well-reported, should be conducted to resolve the many remaining questions in the areas of the description and treatment of male college underachievers. Recognition of the contributions of each of the three orientations to underachievement, rather than a parochial viewpoint, is in order. Attempts to determine the percentage of underachievers falling in each of the six distinct personality patterns would be helpful. Treatment studies should group underachievers homogeneously, to eliminate the cancellation of treatment effects, and concentrate on the four underachievement syndromes in which academic improvement is tied to personality change. The influence of ability level, academic program, and year in college on the personality characteristics of groups of underachievers may profitably be investigated. Research pointing the way to more effective treatment programs for impulsives would also mark an advance. Finally, greater uniformity in the experimental literature would make possible more meaningful comparisons and hasten the development of solutions to the problem of underachievement.

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APPENDIX

The MMPI Clinical Scales

The MMPI clinical scales reflect the following behavior patterns:

1. Hypochondriasis (Hs) - an exaggerated concern with health.

2. Depression (D) - worry, pessimism, unhappiness, dissatisfaction with one's own status, poor morale, and a lack of hope in the future.

3. Hysteria (Hy) - suggestibility, enthusiasm, sociability, egocentrism, and immaturity in normals.

4. Pyschopathic deviate (Pd) - irresponsibility, immaturity, delinquency, truancy, poor motivation, nonconformity, rejection of social conventions, difficulties in social adjustment, and inability to: form satisfactory emotional relationships, appreciate the feelings of others, or anticipate the consequences of one's behavior.

5. Masculinity-femininity (M-F) - when low, mechanical, scientific, athletic, and outdoor interests in men. When high, feminine (artistic, literary, cultural) interests and traits (passivity and emotional sensitivity) in men.

6. Paranoia (Pa) - rigidity, ideas of reference, suspiciousness, feelings of persecution, sensitivity, tendency to blame others, secretiveness, and grandiose self-

concepts.

7. Psychasthenia (Pt) - insecurity, unreasonable fears, high general anxiety, guilts, doubts, obsessions, and compulsions.

8. Schizophrenia (Sc) - anxiety, internal conflict, non-conformity, emotional isolation, and withdrawal in normals.

9. Hypomania (Ma) - hyperactivity, easy distractibility, impulsivity, unpredictability, instability of mood, restlessness, elation, and overoptimism.

0. Social introversion-extroversion (Si) - when low, outgoingness, social adeptness, assertiveness, and enthusiasm. When high, introversion and shyness.

Source: Lanyon, 1968, pp. 6-9.